## PART B - FEE(S) TRANSMITTAL

 $\begin{array}{c} \text{Complete and send this form, together with applicable fee(s), to: } \underbrace{\text{Mail Stop ISSUE FEE}}_{\text{Commissioner for Patents}} \\ \text{P.O. Box 1450} \\ \text{Alexandria, Virginia 22313-1450} \\ \text{or } \underline{\text{Fax}} \end{array}$ 

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 5 should be completed where

CURRENT CORRESPONDS	Feet	5) Transmittal, This	certifi	icate cannot be used fo	domestic mailings of the c any other accompanying t or formal drawing, must		
M/S41-SJ	7590 12/28/ CTUAL PROPERTY	near		Cert	ificate	of Mailing or Transu	
1109 MCKAY DRIVE SAN JOSE, CA 95131						·	(Depositor's name)
ue for a contrate of automorphisms of							(Signature)
				***************************************			(Date)
ON NOTFACILITY	FILING DATE		FIRST NAMED INVENTOR	TOR ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/559,917 TITLE OF INVENTIO DECRYPTING DATA U			Thomas Rottschafer  WOR DECRYPTING DA	ATĂ AND METI		DE030203USI OF ENCRYPTING A	9587 AND/OR
APPLN TYPE	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATEDUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/29/2010
EXAM	EXAMINER NGUYEN, TRONG H		CLASS SUBCLASS				
NGUYEN,			2436 713-189000				
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Unit	ND RESIDENCE DATA	Indication form ed. Use of a Customer TO BE PRINTED ON fied below, no assignee	(2) the name of a single registered attorney or a 2 registered patent attorney in the listed, no name will be FHE PATENT (print or typ data will appear on the part a substitute for filing an	gent) and the name meys or agents, if a printed.  De)  stent. If an assigne	s of u	p to e is 3	cument has been filed for
Please check the appropriate. The following fee(s):	iate assignee category or	categories (will not be pa	inted on the patent):	HOVEN,	NE.	THERLAND on or other private gro	np entity 🚨 Governmen
Advance Order - 1	fo small entity discount p		A check is enclosed.  Payment by credit car The Director is hereby overpayment, to Depo				lelency, or credit any extra copy of this form).
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu d Publication Type (if requ	s. Sec 37 CFR 1.27.	b. Applicant is no long from anyone other than to Office.				
Authorized Signature Typed or printed nam	Judgen	Vaue-10	Stort	Date Registration N	- <i>I</i>	2-10 41.127	
submitting the completes this form and/or suggest	d application form to the ions for reducing this bu figinia 22313-1450. DC	USPIO. Time will vary dea, should be sent to th	on is required to obtain or r 1.14. This collection is est depending upon the indiv a Chief Information Office COMPLETED FORMS TO	idual case. Any co cr. U.S. Patent and	mment Traden	s on the amount of time nark Office, U.S. Depa	se you require to complete rement of Commerce, P.O.

PTOL-85 (Rev. 98/07) Approved for use through 68/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.